

STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
DIVISION OF CHILD SUPPORT (DCS)

## Detail Sheet - Unreimbursed Medical Expenses

### INSTRUCTIONS

- Use a separate **Detail Sheet** for each parent from whom you are requesting reimbursement. List the expenses of all children of that parent on the form. You must submit the records supporting your claim (bills, receipts, explanation of benefits, cancelled checks). **DCS will disclose the expense records to the parent who is required to pay. Delete any personal information from the records that you do not want disclosed. Keep the originals or copies (with all information visible) of the records for future use.**
- If you need more pages, make a copy of this form before you begin or download the form from the DCS web site at <http://www1.dshs.wa.gov/dcs/Resources/Forms.asp>
- Except for your signature, print all responses. Use blue or black ink only.
- List the expenses in the order that the medical services were received.
- Provide complete information for each column below.
- Total the amounts for each month and enter them on the **Monthly Summary Sheet**.

NAME OF PARENT REQUIRED TO PAY	DCS CASE NUMBER
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YOUR NAME

CHILD'S NAME	DATE OF SERVICE	*AMOUNT BILLED	AMOUNT ALLOWED BY INSURANCE	AMOUNT PAID BY INSURANCE	UNINSURED MEDICAL EXPENSE

\* Include copayments and medical insurance premiums paid for the children in this column.